PTO/SB/17 (10-98)
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Fees pursuant to the Consolidated	918).	A STATE AND ADDRESS OF THE PARTY OF THE PART						
FEE TRANSMITTAL				plication Nu ing Date	-	10/523,481 01/31/2006		
				st Named Ir	_	COUTURIER, Jean Luc		
For FY 2009				aminer Nam		HUHN, R. A.		
Applicant claims small entity status. See 37 CFR 1.27				Unit		1796		
TOTAL AMOUNT OF PAYMENT (\$) \$690.00				orney Dock	-	FR-AM1878NP		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 012717 Deposit Account Name: 31684								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below - Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity								
Application Type			e (\$)	Fee (\$)	Fee		Fee (\$)	Fees Paid(\$)
Utility	330 16	3 5 5	40	270	22	0	110	
Design	220 1	10 1	00	50	14		70	
Plant	220 1	10 3	30	165	17		85	
Reissue	330 16		40	270	65		325	
Provisional	220 1	10	0	0		0	0	
2. EXCESS CLAIM FEES Small Entity Fee Description Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple deependent claims 390 95								
Total Claims Ex	tra Claims	Fee (\$)	Fe	e Paid (\$)			Multiple Fee (\$)	Dependent Claims Fee Paid (\$)
20 or HP =	X			\$0.00				
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims</u> - 3 or HP = x								
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 4(a)(1/(5) and 37 CFR 1.16(g).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Pald (\$)								
- 100 = 0 / 50 0 (round up to a whole number) x \$270.00 = \$0.00 4. OTHER FEE(S)								
4. OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge); (4) ca. Terminal Disclaimers, One Month Ext. of Time \$690.00								
SUBMITTED BY								
45-	SD	2_0		tration No.	31000	, 1-	Telephone	215-419-5270
Signature	<u></u>	Jen		ey/Agent)	31900	- +		
Name (Print/Type) Steven D. Boyd, Esq. Date 06/25/2009 Steven D. Boyd, Esq. Date 06/25/2009								

This collection of information is required by 37 CFR 1.13a. The information is required to obtain or refan is benefit by the public which is to file (and by the URFPTO to process) an application. Condinerability is powered by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to be 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will very depending upon the individual activity and comments on the amount of time you require to complete this form and/or suggestions for rectaining this burden, should be sent to the Civiled Information Officer, U.S. Patient and Trade/mark Office, U.S. Department of Commerces, P.O. Box 7450, Alexandria, VA 2213-1440. DO NOT SEND FIESS OR COMPLETED PORTIONS TO THIS ADDRESS. SENT DIT Commissioner for Patients, P.O. Box 7450, Alexandria, VA 2213-1450.